NBC FORM NO. A -06

Republic of the Philippines
Province of Palawan
Municipality of Aborlan

OFFICE OF THE MUNICIPAL BUILDING OFFICIAL

PLUMBING PERMIT

APPLICATION NO.

PP NO

BUILDING PERMIT NO.

BOX 1 (TO BE ACCOMPLISHED IN PRINT BY THE OWNER/APPLICANT)

OWNER/APPLICANT	LAST NAME	FIRST NAME	M.I.	TIN

FOR CONSTRUCTION OWNED BY AN ENTERPRISE	FORM OF OWNERSHIP	USE OR CHARACTER OF OCCUPANCY

ADDRESS: NO.,   STREET,   BARANGAY,   CITY/MUNICIPALITY   ZIP CODE   TELEPHONE NO

LOCATION OF CONSTRUCTION: LOT NO. _____ BLK NO. _____ TCT NO. _____ TAX DEC. NO. _____

STREET_____ BARANGAY _____ CITY/ MUNICIPALITY OF _____

SCOPE OF WORK

☐ NEW CONSTRUCTION   ☐ RENOVATION _____   ☐ RAISING_____
☐ ERECTION   ☐ CONVERSION _____   ☐ DEMOLITION _____
☐ ADDITION   ☐ REPAIR _____   ☐ ACCESSORY BUILDING/STRUCTURE _____
☐ ALTERATION   ☐ MOVING _____   ☐ OTHERS (Specify)_____

BOX 2 (TO BE ACCOMPLISHED BY THE DESIGN PROFESSIONAL)

FIXTURES TO BE INSTALLED

QTY.	NEW FIXTURES	EXISTING FIXTURES	KIND OF FIXTURES	QTY.	NEW FIXTURES	EXISTING FIXTURES	KIND OF FIXTURES
_____	☐	☐	WATER CLOSET	_____	☐	☐	BIDETTE
_____	☐	☐	FLOOR DRAIN	_____	☐	☐	LAUNDRY TRAYS
_____	☐	☐	LAVATORY	_____	☐	☐	DENTAL CUSPIDOR
_____	☐	☐	KITCHEN SINK	_____	☐	☐	DRINKING FOUNTAIN
_____	☐	☐	FAUCET	_____	☐	☐	BAR SINK
_____	☐	☐	SHOWER HEAD	_____	☐	☐	SODA FOUNTAIN SINK
_____	☐	☐	WATER METER	_____	☐	☐	LABORATORY SINK
_____	☐	☐	GREASE TRAP	_____	☐	☐	STERILIZER
_____	☐	☐	BATH TUB	_____	☐	☐	OTHERS (Specify)
_____	☐	☐	SLOP SINK	_____	☐	☐	_____
_____	☐	☐	URINAL	_____	☐	☐	_____
_____	☐	☐	AIR CONDITIONING UNIT	_____	☐	☐	_____
_____	☐	☐	WATER TANK/RESERVOIR	_____	☐	☐	_____
_____ TOTAL				_____ TOTAL			

☐ WATER DISTRIBUTION SYSTEM   ☐ SEWAGE SYSTEM   ☐ SEPTIC TANK   ☐ STORM DRAINAGE SYSTEM

PREPARED BY: _____

BOX 3

DESIGN PROFESSIONAL, PLANS AND SPECIFICATIONS

_____ Date_____
MASTER PLUMBER
(Signed and Sealed Over Printed Name)

Address	
PRC. No	Validity
PTR. No	Date Issued
Issued at	TIN

BOX 4

SUPERVISOR / IN-CHARGE OF PLUMBING WORKS

_____Date_____
MASTER PLUMBER
(Signed and Sealed Over Printed Name)

Address	
PRC. No	Validity
PTR. No	Date Issued
Issued at	TIN

BOX 5

BUILDING OWNER

_____
(Signature Over Printed Name)
Date_____

Address		
C.T.C. No.	Date Issued	Place Issued

BOX 6

WITH MY CONSENT: **LOT OWNER**

_____
(Signature Over Printed Name)
Date_____

Address		
C.T.C. No.	Date Issued	Place Issued